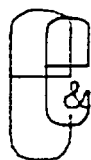


4.1
3/29/95
15 3356

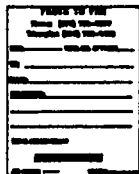


ecology and environment, inc.
& Region V Technical Assistance Team
858 E. Crescentville Road, Cincinnati, Ohio 45246

Phone: (513) 671-4717

Telecopier: (513) 671-4917

FACTS TO FAX



DATE: 3/29

TIME: 4:45

TOTAL NO. OF PAGES 2 (Inc. Transmission Form)

TO: Sammy Sirhan

COMPANY: Guest

FROM: Tom Spargo

COMMENTS: _____

☐ PLEASE CONFIRM RECEIPT

☐ PLEASE REPLY ASAP

☐ NO REPLY EXPECTED

☐ PLEASE REPLY BY C.O.B. TODAY

☐ REPLY OTHER: _____

☐ FAX RECEIVED OK (OR) ☐ MISSING PAGES, #'S _____ ; PLEASE RESEND

☐ REPLY COMMENTS: _____

ecology and environment, inc.

SITE SAFETY PLAN

Version 988

A. GENERAL INFORMATION

Project Title: Sauget Landfill Site G Project No.: 273051
 TDD/Pan No.: 705-9503-007/ETL#8
 Project Manager: Sammy H. Sirhan Project Dir.: Thomas Spargo
 Location(s): Sauget, St. Clair County, IL
 Prepared by: Sammy Sirhan Date Prepared: 3/24/95
 Approval by: [Signature] Date Approved: 3/29/95
 Site Safety Officer Review: _____ Date Reviewed: _____
 Scope/Objective of Work: _____

Proposed Date of Field Activities: _____

Background Info: Complete: ☐Preliminary (No analytical data available) ☐

Documentation/Summary:

Overall Chemical Hazard:	Serious <input type="checkbox"/>	Moderate <input checked="" type="checkbox"/>
	Low <input type="checkbox"/>	Unknown <input type="checkbox"/>
Overall Physical Hazard	Serious <input type="checkbox"/>	Moderate <input checked="" type="checkbox"/>
	Low <input type="checkbox"/>	Unknown <input type="checkbox"/>

B. SITE/WASTE CHARACTERISTICS

Waste Type(s):

Liquid <input type="checkbox"/>	Solid <input checked="" type="checkbox"/>	Sludge <input checked="" type="checkbox"/>	Gas/Vapor <input checked="" type="checkbox"/>
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Characteristic(s):

Flammable/ Ignitable <input type="checkbox"/>	Volatile <input checked="" type="checkbox"/>	Corrosive <input type="checkbox"/>	Acutely Toxic <input type="checkbox"/>
Explosive <input type="checkbox"/>	Reactive <input type="checkbox"/>	Carcinogen <input checked="" type="checkbox"/>	Radioactive* <input type="checkbox"/>

Other: _____

Physical Hazards:

Overhead <input type="checkbox"/>	Confined* <input type="checkbox"/>	Below Space Grade <input checked="" type="checkbox"/>	Trip/Fall <input checked="" type="checkbox"/>
Puncture <input checked="" type="checkbox"/>	Burn <input type="checkbox"/>	Cut <input checked="" type="checkbox"/>	Splash <input type="checkbox"/>
Noise <input type="checkbox"/>	Heat/Cold <input type="checkbox"/>	Other: _____	
	Stress		

*Requires completion of additional form and special approval from the Corporate Health/Safety group. Contact RSC or HQ.
 HSG18A(04/02/91)